

# Allergy Testing and Allergy Immunotherapy

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[Instructions for Use](#)

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Related Medicare Advantage Policy Guidelines
• <a href="#">Antigens Prepared for Sublingual Administration (NCD 110.9)</a>
• <a href="#">Challenge Ingestion Food Testing (NCD 110.12)</a>
• <a href="#">Food Allergy Testing and Treatment (NCD 110.11)</a>
• <a href="#">Intravenous Histamine Therapy (NCD 30.6)</a>

## Coverage Guidelines

Allergy testing and allergy immunotherapy (allergy therapy) are covered when Medicare coverage criteria are met.

### Allergy Testing

Allergy testing may be covered when Medicare coverage criteria are met.

Refer to the [Medicare Claims Processing Manual, Chapter 12, §200 – Allergy Testing and Immunotherapy](#).  
(Accessed January 7, 2021)

Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>.

### Allergen Immunotherapy

Payment may be made for a reasonable supply of antigens that have been prepared for a particular patient if:

- The antigens are prepared by a physician who is a doctor of medicine or osteopathy, and
- The physician who prepared the antigens has examined the patient and has determined a plan of treatment and a dosage regimen.

Antigens must be administered in accordance with the plan of treatment and by a doctor of medicine or osteopathy or by a properly instructed person (who could be the patient) under the supervision of the doctor. The associations of allergists that CMS consulted advised that a reasonable supply of antigens is considered to be not more than a 12-month supply of antigens that has been prepared for a particular patient at any one time. The purpose of the reasonable supply limitation is to assure that the antigens retain their potency and effectiveness over the period in which they are to be administered to the patient. Refer to the [Medicare Benefit Policy Manual, Chapter 15, §20.2 – Physician Expense for Allergy Treatment](#) and [§50.2 – Determining Self-Administration of Drug or Biological](#).

- Refer to the:
  - [Medicare Benefit Policy Manual, Chapter 15, §50.4.4.1 – Antigens](#). (Accessed January 7, 2021)
  - [Medicare Claims Processing Manual, Chapter 12, §200 – Allergy Testing and Immunotherapy](#). (Accessed January 7, 2021)

- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>.

## Allergy Tests/Services

Examples of allergy tests/services include but are not limited to:

- Sublingual antigen; refer to the [NCD for Antigens for Sublingual Administration \(110.9\)](#). (Accessed January 7, 2021)
- Intravenous histamine administration; refer to the [NCD for Intravenous Histamines \(30.6\)](#). (Accessed January 7, 2021)
- Routine Radioallergosorbent Test (RAST) (CPT code 86005 and 86008)
  - Medicare does not have a National Coverage Determination (NCD) for RAST.
  - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist for all states/territories and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Radioallergosorbent Test \(RAST\)](#).
- Cytotoxicity testing/Bryan's test; refer to the [NCD for Cytotoxic Food Tests \(110.13\)](#). (Accessed January 7, 2021)
- Provocative and neutralizing testing (subcutaneous) for food allergies; refer to the [NCD for Food Allergy Testing and Treatment \(110.11\)](#). (Accessed January 7, 2020)
- Sublingual provocative test; refer to the [NCD for Food Allergy Testing and Treatment \(110.11\)](#). (Accessed January 7, 2021)
- Challenge ingestion food testing; refer to the [NCD for Challenge Ingestion Food Testing \(110.12\)](#). (Accessed January 7, 2021)

## Supporting Information

**Important Note:** When searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the applicable referenced default policy below for coverage guidelines.

Radioallergosorbent Test (RAST)				
Accessed August 6, 2021				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L34063 (A57043)	<a href="#">RAST Type Tests</a>	Part A and B MAC	CGS Administrators, LLC	KY, OH
L33261 (A57531)	<a href="#">Allergy Testing</a>	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L33591 (A56844)	<a href="#">RAST Type Tests</a>	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L34313 (A57181)	<a href="#">Allergy Testing</a>	Part A and B MAC	Noridian Healthcare Solutions, LLC	CA, HI, NV, AS, GU, MP
L36241 (A56558)	<a href="#">Allergy Testing</a>	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L36402 (A57473)	<a href="#">Allergy Testing</a>	Part A MAC	Wisconsin Physicians Service Insurance Corporation	AK, AL, AR*, AZ, CA*, CO*, CT*, DE*, FL*, GA, HI*, IA, ID, IL*, IN, KS, KY*, LA*, MA*, MD*, ME*, MI, MO, MS*, MT, NC, ND, NE, NH*, NJ*, NM*, NV*, OH*, OK*, OR, PA*, RI*, SC, SD, TN, TX*, UT, VA, VT*, WA, WI*, WV, WY  Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed in this table. This WPS LCD/LCA only

## Radioallergosorbent Test (RAST)

Accessed August 6, 2021

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
				applies to states without asterisk.
L36402 (A57473)	<a href="#">Allergy Testing</a>	MAC Part B	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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## Policy History/Revision Information

Date	Summary of Changes
05/01/2021	<b>Template Update</b> <ul style="list-style-type: none"> <li>Reformatted policy; transferred content to new template</li> </ul>
01/19/2021	<ul style="list-style-type: none"> <li>Routine review; no change to coverage guidelines</li> </ul>

## Instructions for Use

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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